

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

December 7, 2017

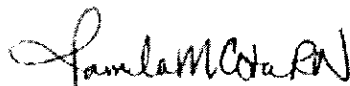
Randi Cohn, Manager  
The Gables At East Mountain  
1 Gables Place  
Rutland, VT 05701-8868

Dear Ms. Cohn:

The Division of Licensing and Protection completed a Survey at your facility on **December 4, 2017**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,



Pamela Cota, RN  
Licensing Chief



Division of Licensing and Protection

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|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>592   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____       |  | (X3) DATE SURVEY<br>COMPLETED<br><br>C<br>12/04/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><br>THE GABLES AT EAST MOUNTAIN |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1 GABLES PLACE<br>RUTLAND, VT 05701 |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                             |
| R100  | Initial Comments:<br><br>An unannounced on-site survey was completed on 12/4/17 to investigate an anonymous complaint received by the Vermont Division of Licensing and Protection. There were no regulatory violations found. | R100   |  |  |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE